may not be evident until it has been administered for a week or more. In some cases, especially with marked tricuspid regurgitation and liver stasis, it may fail entirely. In other cases the drug acts only after the institution of such accessory measures as the extreme fluid and salt restriction of the Karell diet, which Janeway has found of the utmost value. The choice of a preparation of digitalis is, to Janeway's mind, largely a matter of taste, provided the one used is known to be effective. As to dosage he prefers a moderate dose, equivalent to not over 0.1 gm. of the leaves every four hours, which will give definite slowing of the pulse and diuresis in forty-eight hours in rapid fibrillating cases. This dose he continues until the pulse falls to near 60 or becomes bigeminal; failing this, until absorption of edema is complete, or nausea, vomiting, headache or other toxic symptoms ensue. When any of these evidences of fine therapeutic action is obtained, the drug is stopped and not resumed until increasing rate or pulse deficit, or disappearance of coupled beats, show the heart to be escaping from its influence. Then one-half or three-quarters of the daily amount given before will control all symptoms. In all fibrillating cases with a tendency to rapid rate, after the original digitalis course, Janeway believes the indications for continued so-called chronic digitalis treatment are absolute. He believes that failure to obtain satisfactory results from digitalis therapy in the class of cases just discussed is evidence of an ineffectual preparation, insufficient dosage, or an improper mode of administration. Whenever digitalis fails, a second and then a third trial should be made with a drug obtained from another source. In hypertensive cases of cardiac insufficiency with normal rhythm when the patient develops the picture of chronic passive congestion of the viscera with edema, digitalis is as clearly indicated as it is in fibrillating mitral hearts. Janeway insists that dangerous increase in blood-pressure from digitalis, as used in human beings, is a superstition without any basis of clinical fact. When digitalis alone does not effect prompt improvement in such patients, the caffein diuretics come in as valuable aids. They should be given intermittently in comparatively small doses, 2 gms. of caffein, 10 gms. of diuretin, or 3 gms. theocin, for three doses, and should not be repeated until one or two days have elapsed. In a number of instances Janeway has seen marked and lasting benefit from digitalis in aortic insufficiency where the clinical picture was that of chronic passive congestion and edema.

Antityphoid Vaccination in the Army During 1913.—Russell (*Jour. Amer. Med. Assoc.*, 1914, lxii, 1371) gives charts and tables that show the incidence of and the death rate from typhoid fever in the army from 1907 to 1913, inclusive. These show the steady fall in the number of cases of typhoid fever since the introduction of antityphoid vaccination into the army and especially since compulsory vaccination. Thus, in the entire army of over 90,000 men, only three cases of typhoid fever, with no fatalities, have occurred during the year 1913. It has been claimed that antityphoid inoculation renders the recipient more susceptible to tuberculosis or tends to activate latent tuberculous foci. Russell says that tuberculosis in the army not only has not increased since the introduction of vaccination, but that it has actually decreased. He says that the conclusion is inevitable that the prophylactic vaccine as used in the army has given almost absolute protection against typhoid fever without producing untoward effects of any character.

Subcutaneous Injections of Emetin in Pulmonary Tuberculosis.—Raeburn (*British Med. Jour.*, 1914, 2778, 703) was led to try the effect of subcutaneous injections of emetin hydrochlorid upon hemorrhages in pulmonary tuberculosis by the favorable results reported by Flundin and Joltrain. Raeburn used this method of treatment in over forty cases with excellent results. In addition to the effect of emetin in controlling hemorrhage, he noted a very beneficial effect upon the cough and especially a marked diminution in the amount of sputum. He does not consider that emetin has any effect on the tubercle bacillus but believes that it is a valuable remedy for reducing congestive conditions in the lungs and therefore it is both a preventive and curative agent in pulmonary tuberculosis.

Splenectomy in Blood Diseases.—Mühsam (*Deutsch. med. Woch.*, 1914, xl, 377) says that the consensus of opinion is that splenectomy if done early enough is curative in Banti's disease. The results of splenectomy in 14 cases of hemolytic jaundice have been exceptionally good. He relates his personal experience with this operation in 11 cases of pernicious anemia. Five of these patients died, 3 soon after the operation and 2 sometime after the removal of the spleen. The blood-picture has improved in all of the remaining cases, but still retains the characteristics of pernicious anemia. These patients are apparently well and have gained materially in weight and strength.

The Treatment of Insomnia in Cardiac Insufficiency.—Fränkel (*Therapie d. Gegenwart*, 1914, lv, 200) reports eight cases of cardiac insufficiency in which he tried various remedies for sleeplessness. He believes that the intravenous use of strophanthin is the most rational measure to control insomnia when it is a marked feature in cardiac disease. In cases of cardiac asthma where the patients get little or no rest, he has found that strophanthin is very effective and more certain of results than any form of digitalis by mouth. He believes that morphin should be given regularly for insomnia in chronic cardiac decompensation only when digitalis and strophathin have proven to be ineffectual.

Hexamethylenamin.—McGuigan and v. Hess (*Arch. Int. Med.*, 1914, xiii, 853) believe that after the administration of hexamethylenamin, free formaldehyd appears only in the gastric juice and acid urine and not in other secretions or in the blood. The liberation of formaldehyd results from the acid reaction only and not from cell action. Even if it were liberated in other localities it would probably exert no beneficial action because of its reconversion or rapid oxidation into injurious products. Combined formaldehyd as hexamethylenamin does not decompose readily until an acid medium is reached, when the action is that of weak farmaldehyd. The only apparent indication for the internal administration of the drug, therefore, is in infection of the uninary tract.